## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/590997	FILING DATE			
APPLICANT(S)				

**CLAIMS** 

	ACE	II DD	AF	FTER AFTER			
	AS FILED		1" AME	NDMENT	2 <sup>™</sup> AMENDMENT		
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	
<u>1</u> 2	<b></b>		-				
3	<b>†</b>		<del></del>	1 -			
4				1			
5				1 -			
6							
7				1-			
<u>8</u>							
10							
11	·						
12							
13							
14						<del></del>	
15							
16							
17 18							
19							
20						<del></del>	
21					I		
22					i		
23							
24							
25	<b> </b>						
26 27	l						
28				*********			
29							
30							
31							
32							
33 34							
35							
36	<del>                                     </del>						
37							
38							
39							
40	<u> </u>						
41							
42							
43	<del>  </del>						
45						16)1	
46							
47							
48							
49							
50							
TOTAL IND.		+		+		<b>₽</b>	
OTAL DEP.		<b>+</b>	5	<b>←</b>		<b>+</b>	
TOTAL CLAIMS			()				
CIPLITIES		in the second section of the second	4	and the same of th			

PTO - 1360 (REV. 11/04)

	AS FILED		AF	TER NDMENT	AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	_
51				221.	HID.	DEI.
52						
53					l	<del> </del>
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						·····
70						
71						
72					****	
73						
74						
75						
76						
77						
78						· · · · · · · · · · · · · · · · · · ·
79						
80						
81						
82	<u> </u>					
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						•••
97					—— <u>—</u>	
98						
99				——		
100				<u> </u>		
TOTAL IND.		+		#		T
TOTAL DEP.		<b>4</b>	<del></del>	<b>←</b> f		<b>-</b>
TOTAL						
CLAIMS		.S. DEPARTI			e de la companya de l	